PPS: From Episodic to Non-Episodic

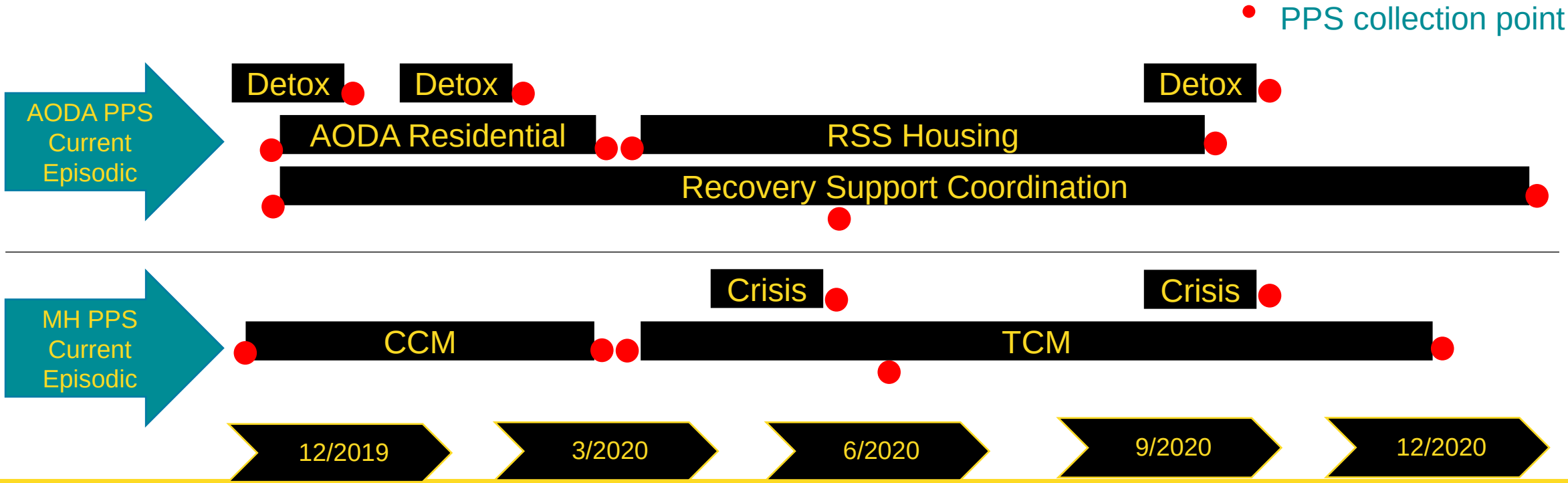
or, PPS discussions are good treatments for insomnia

Non-Episodic PPS Collection Goals:

- Fewer PPS forms to complete
- Fewer back-to-back PPS forms to complete
- Less time spent performing administrative tasks
- More data collected while client present
- More fully completed forms
- Allows for client focused evaluation

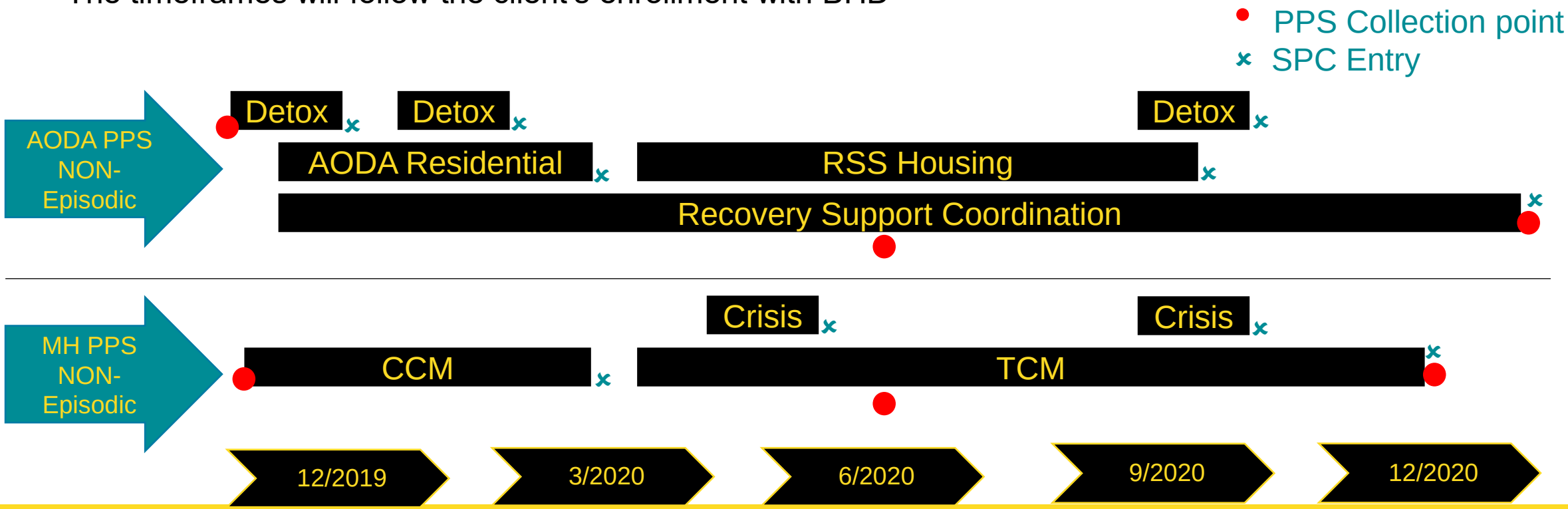
Current State:

- Each program is required to complete intake, 6 month (while enrolled), and discharge assessments
- Multiple assessments if clients are open in more than one program at a time
- Can mean “back-to-back” assessments (e.g., discharge from one program and intake to another)



Non-Episodic State:

- This is the client's PPS Assessment
- Same assessment timeframes: intake, 6 month (while enrolled), and discharge
- The timeframes will follow the client's enrollment with BHD



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Certain programs will have greater responsibility than others	Responsibility was determined by both intensity and duration of contact with clients, as well as clinical focus	Reports and/or widgets will be built that will alert responsible providers that a non-episodic PPS is coming due
• E.g., CSP will have greater responsibility than Mobile Crisis, RSC will have greater responsibility than detox	• Programs with greater intensity and/or longer duration of care or that were more clinical in nature were given higher priority	• If you aren't alerted, then it is another program's responsibility.

A Hierarchy of Responsibility

Hierarchies of Responsibility

MILWAUKEE COUNTY BHD Behavioral Health Division

Program/LOC	MH
CBRF	1
Adult Family Home	2
Community Support Program	3
Targeted Case Management	4
CCS	5
Crisis Case Management (TCM)	6
Crisis Care Coordination (Crisis)	7
CLASP	8
Outpatient-MH	9
Access Clinic	10
Inpatient	11
CARS	12
Crisis Stabilization Houses	13
Crisis Resource Centers (CRC)	14
OP-Psychiatry	15
Team Connect	16
Crisis Mobile	17
Observation	NA
Psychiatric Crisis Services	NA

Program/LOC	AODA
Recovery Support Coordination	1
AODA-TCM	2
CCS	3
Transitional Residential	4
Recovery House Plus OP/DT	5
Outpatient Plus	6
Outpatient (75.13)	7
Day Treatment (75.12)	8
RSS-Housing	9
RSS-Employment	10
RSS-School and Training	11
RSS-Family	12
RSS-Psych Self Mgmt	13
RSS-Spiritual	14
SBIRT	15
Medication Assisted Treatment	16
Access Point (community)	17
Detoxification	18

Your role in this

- The basics of PPS data completion will not change
  - Intake, 6 months, discharge
- You will still complete a MH or AODA PPS form, if you are the responsible program
  - You will be alerted when you have a PPS Form Due
- All programs will be responsible for the SPC data
  - SPC Tab: End date, end reason, clinical status variables as appropriate
- The PPS NOMS will remain episodic
  - But, it will be dramatically reduced to a 12 item questionnaire

Notable Changes:

- Removing extraneous / non required items
- Added items for Population Health and Social Determinants of Health
- Some providers may only enter SPC codes and dates
- Requirements to complete the PPS will be directed from a viewable report

Timeline:

- ***No changes to process now!***
- The PPS AODA and PPS MH form have been redesigned
- We are currently preparing the PPS report that will indicate who's responsible for which version of the form based on the hierarchy.
- We are expecting to roll out this change in the late summer/early fall
- Training documents, recordings, handbooks, and other information will precede the rollout.
- BHD will communicate, frequently, when the changes will go live.

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Service Managers for your various programs